



Aerospace Medicine

RESPIRATORY PROTECTION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: 452 SPTG/SGPB (Dana Eng)
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Purpose: This instruction implements 29 CFR 1910.134, *Respiratory Protection*, AFD 48-1, *Aerospace Medical Program*, and AFOSHSTD 48-137, *Respiratory Protection Program*, at March ARB. AFOSHSTD 48-137 and this instruction are required to be maintained by all organizations in which personnel wear respirators for protection against inhalation of harmful atmospheres or for emergency escape or rescue.

SUMMARY OF REVISIONS

This change adds that approval to order respirator parts through the IMPAC card must be approved by Bioenvironmental Engineering (BE) (paragraph 9.4.). An (*) indicates revisions from the previous edition.

1. Responsibilities. Responsibilities are described in AFOSHSTD 48-137. There are specific responsibilities listed in AFOSHSTD 48-137 for the following:

- 1.1. Unit Commanders, Directors, and Functional Managers (when respiratory protection is used in their organization).
- 1.2. Workplace Supervisors (when respiratory protection is used in their organization).
- 1.3. Individuals who wear respirators.
- 1.4. Chief, Bioenvironmental Engineering Services.
- 1.5. Chief, Public Health.
- 1.6. Physical Examinations Section of Aeromedical Services.
- 1.7. Chief, Aeromedical Services.
- 1.8. Chief, Ground Safety.
- 1.9. Chief, Fire Department.

2. Compliance. All shops using or requesting the use of respiratory protection must comply with this instruction and AFOSHSTD 48-137.

3. Selection, Use, and Limitations.

3.1. Selection: Bioenvironmental Engineering (BE) will select the specific type of respirator based on the operations and work performed. BE will also evaluate the adequacy of existing respiratory protection in work areas during annual industrial hygiene surveys or upon special requests from shop supervisors, or for one-time or short period use for special situations.

3.2. Use: Use respirators only when they have been determined required or recommended by BE.

3.3. Limitations: Use respirators only in atmospheres and for operations as required or recommended by BE and as specified in the section's Operating Instruction (OI). Supervisors and respirator users ensure compliance with the limitations listed in Section 4.4 of AFOSHSTD 48-137 and those specified by the respirator manufacturers.

3.4. Filtering Face-piece Devices (FFD): FFDs are respiratory protection devices that have face-pieces made entirely of filtering or absorbing material. They do not have changeable filters, cartridges or inhalation valves, and may or may not have exhalation valves. They are normally disposable and typically referred to as 'surgeon-type or paper' masks. Use FFDs only at worker discretion, strictly for comfort purposes. FFDs are not selected as respiratory protection to control chemical/hazardous materials below occupational exposure limits (OEL) and are not authorized for use when OELs are exceeded.

4. Training and Fit Testing.

4.1. Respirator training and fit-testing are required every 6 months for personnel who use respiratory protection to control lead or asbestos exposures. All other respirator users require training and fit testing on an annual basis. BE performs training and fit testing on the first and third Thursday's of each month. Supervisors can contact BE at extension 4201 or 5066 to schedule training and fit testing.

4.2. Respirator training for self-contained Breathing Apparatus (SCBA) is conducted by designated trainers of the base Fire Department (452 CES/CEF). Contact the Fire Department at extension 2075 to schedule this training. The designated trainers complete an AF Form 55, Employee Safety and Health Record, and notify BE for inclusion in the Respiratory Protection Program database and fit-test scheduling.

4.3. Section supervisors will document initial and periodic respirator training on the individual's AF Form 55. Include the respirator user's AF Form 2772, Certificate of Respirator Fit Test, with the AF Form 55.

4.4. Section supervisors (or designated section personnel) who have received training from BE accomplish training to personnel in shops who use FFDs who require initial and annual training. Document training on the individual's AF Form 55.

5. Section Operating Instructions (OIs). Develop BE approved section OIs and implement in all areas where respiratory protection is used. Address all requirements in section 9.3.3 of AFOSHSTD 48-137 and all applicable areas (for specific type of respirators used) in Chapter 8 of AFOSHSTD 48-137. All care, inspection, and maintenance instructions from applicable respirator manufacturers' operating or instruction booklets/leaflets must be included in section OIs.

6. Care, Maintenance and Inspection of Respirators. Care for, maintain, and inspect respirators and respirator parts IAW section OIs.

7. Medical Surveillance.

7.1. Initial Entry into the Respiratory Protection Program: Complete a medical questionnaire (attachment 18, page 51, AFOSHSTD 48-137) for all initial respirator users and submit to the Physical Examinations section of Aeromedical Services at the base clinic (452 AMDS/SGP). This questionnaire action is the first step in the process for an individual's initial entry into the respiratory protection program. Attachment 19, page 52, of AFOSHSTD 48-137 is a Medical Evaluation Flow Chart which shows the process for the questionnaires and medical evaluations.

7.2. Annual Requirements for Respirator Users: Complete medical questionnaires at the Physical Examinations section during annual occupational physicals in addition to any other respiratory evaluations done during the physical. The Physical Examinations section notifies BE of any respirator users who should no longer wear respirators. BE will perform training and fit testing for respirators on an annual basis.

8. Reassignments and Separations.

8.1. Newly assigned personnel at March ARB requiring the use of a respirator need initial entry into the Respiratory Protection Program. The respirator user who is current in training documented from their previous assignment will provide a copy of AF Form 2772 or equivalent with corresponding respirator listed to BE for inclusion in the RPP database. Otherwise, the user will follow the procedures described in paragraph 7.1. of this instruction.

8.2. Provide personnel reassigning from March ARB a copy of their AF Form 2772/equivalent (filed with the user's AF Form 55) so they may use the same respirator at their next assignment. The supervisor will not maintain the AF Form 2772 after the user departs to their new assignment.

8.3. Separations: Provide the respirator user AF Form 2772/equivalent filed with the AF Form 55 prior to separation.

9. Supply Procedures and Inventory Control.

9.1. Perform fit testing on respirators already available in the work section. It is important that the user is comfortable in the respirator. Therefore, a respirator user will be given a selection of appropriate respirators to choose from during initial fit-testing IAW AFOSHSTD 48-137, unless they agree to use and can be properly fit-tested for those already available in the work area.

9.2. Work sections establish a stock level of commonly used respirators for their area. This allows an individual to obtain the appropriate respirator immediately after completing the medical evaluation, training, and fit-testing requirements.

9.3. The base supply will assign an issue exception code (IEX) to respirators and respirator parts. The IEX code provides BE a tracking mechanism and approval/disapproval authority to ensure sections receive the correct respirators, cartridges, filters and other respirator parts.

*9.4. Section supervisors order respirators and respirator parts using standard base supply procedures unless the appropriate respirator is immediately available due to established stock levels. Respirator or respirator parts may be ordered through IMPAC cards if prior approval was obtained from BE.

9.5. Base supply personnel who issue respirators will receive training on procedures for respirator issue. Give similar training to non-base supply personnel such as bench stock monitors who issue respirators. Suitable substitutes for respirators or respirator parts must never be issued since all parts must be from the same manufacturer, and personnel are fit-tested for specific manufacturer, model numbers, part numbers, etc.

10. Breathing Air.

10.1. The Base Fire Department will provide breathing air, using their breathing air compressor, to all sections that use SCBAs (when possible). In addition, the base Fire Department will provide BE copies of all breathing air results from the laboratory, if requested, for comparison to breathing air standards. Breathing air from the Fire Department's compressor will be sampled IAW T.O. 42B-1-22, *Quality Control of Compressed and Liquid Breathing Air*.

10.2. Fuels Management (452 LSS/LGSF) will provide a copy of the contractor's liquid oxygen (LOX) and LOX sampling results from periodic sampling of the storage tanks (collected by the Fuels Laboratory) results to BE upon receipt. The periodic sampling must be performed IAW T.O. 42B-1-22.

11. Program Evaluation.

11.1. BE will perform a review of Respiratory Protection Program compliance during annual industrial hygiene surveys. This review will include reviewing the section OIs, to determine if the section has this instruction and AFOSHSTD 48-137 on file. They will also review compliance with initial and annual training/fit-testing requirements (including documentation on

AF Form 55), respirator and respirator parts inspection (including proper storage), FFD training documentation, and current operational parameters for which respiratory protection is used.

11.2. BE will perform an annual RPP program evaluation and provide a written report to the Aeromedical Council and Combined Occupational Safety and Health Council IAW AFOSHSTD 48-137.

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